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PATENT - POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Patent Number	6,635,249
	Issue Date	October 21, 2003
	First Named Inventor	Mark MARCHIONNI
	Title	Method for Treating Congestive Heart Failure
	Attorney Docket Number	ACOR.P0028US

I hereby revoke all previous powers of attorney given in the above-identified patent.

☐ A Power of Attorney is submitted herewith.

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☒ Patent owner.Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on _____.

SIGNATURE of Inventor or Patent Owner

Signature	<i>Mark Chalek</i>	Date	10/6/10
Name	Mark Chalek	Telephone	617-667-4196
Title and Company	Director TVO / Beth Israel Deaconess Medical Center		

NOTE: Signatures of all the inventors or patent owners of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

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